INTY TUNERAL HOME WALTO

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 20M

(VRA 15, 4) 7/78

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Md.

YES |

COUNTY

COUNTY

250. DISTARECO. BY REDURTAR 256. SECONT FOR STATURE

Chas.

22c DATE SIGNED

Home

10:15Am

IF UNDER 24 HRS

1980

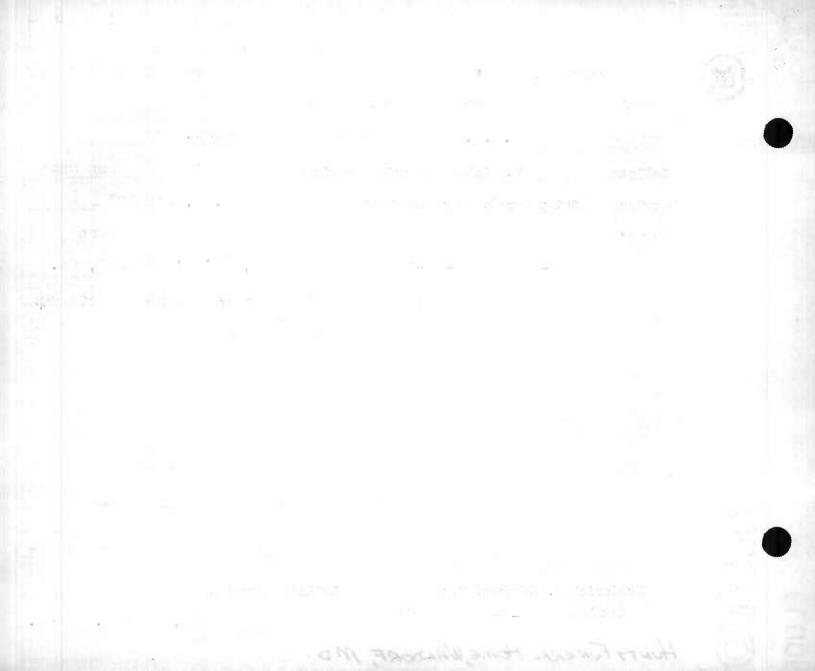
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IF UNDER I YEAR

MONTHS DAYS



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DHMH-16 25M (VRA 15, 4) 1/7

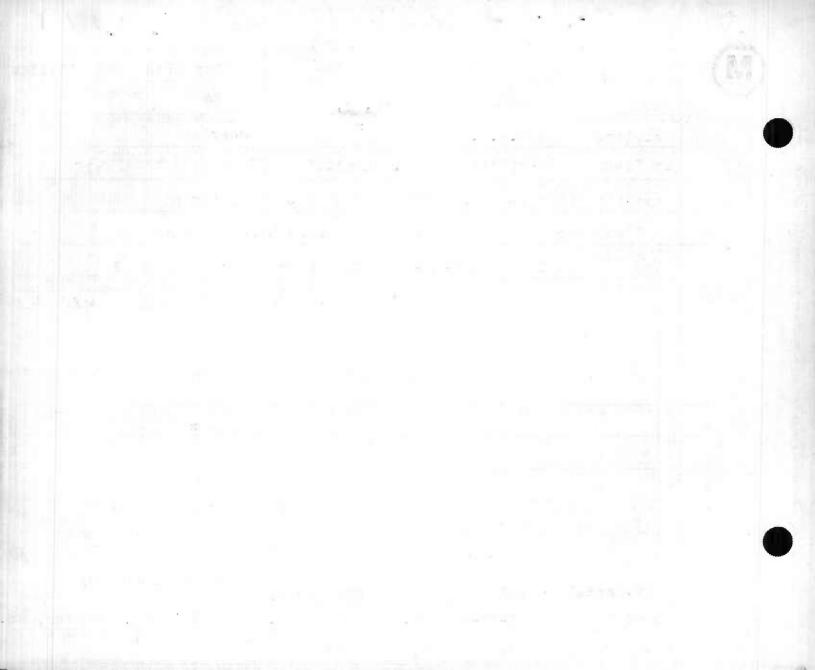
	1-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENT		ENE 8 0	2 9	6 9
		CEASED NAME	First Willi	am	Ray		ewell Sr		20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	3 SE	x Male		1 RACE Caucas			F BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS GAY	
Ot	No	erthplace istate ountry Car	rolina	U.S.		WIDOWE		ED 🗍		les Cou	
2	La	Plata		Physi		demor			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN 1 Plumber	ng life) INDUSTR	
5	13e. S Ma	ryland	13b COUP		N. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Waldors	N	134. INSIDE CITY LI		204 Charmut	th Cour	t
0		Ben	jamin		n Jewell		Marth		rginia Johns		AST
		NO OF UNKNOWN	I (# YES, GIVI	E WAR OR DATES)	238-16-8		Annie B	elle		ne as #	13 a-e.
	NO	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause iol, storing the underlying cause last DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)) (o:
7	CERTIFICATION	19a DATE OF OPERATION		196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED)	200 AUTOPSY? 20b. II YES NO NO	FYES, WERE FIND ERTIFYING CAUSE YES []	DINGS USED ES OF DEATH? NO
7	_	21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DE	TH HOUR A	OF INJURY A.M. MONTH DA P.M.	YEAR	21c HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM	A 16, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OC	CURRED	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		sow the de- obove, (1)	ceased alive an	4.	he deceased fram_ 95 19 9 y after death.			opinian d	to 5 45 8 leath accurred an the date and	have and from th	
		22b. SIGNATUR	m	100	inf		PHYS	IDING ICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	F /4	6/80
		Moha:	mmad Y						lvania Ave.S	SE Wash	.,D.C.
	(BURIAL, CREMATI	al		7,1980-0		EMETERY OR CREM Hill C			Pr. Geo	
	66	133 01d		Funera nder E		Inc.	nton, M	25a. Dayle d.	AYC 1 9 1980 256 RE	GISTRAR'S SIGN	Credy

STATE OF MARYLAND

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Oakland, Maryland

FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

Bradley A. Stewart

REGISTRAR

STATE OF MARYLAND

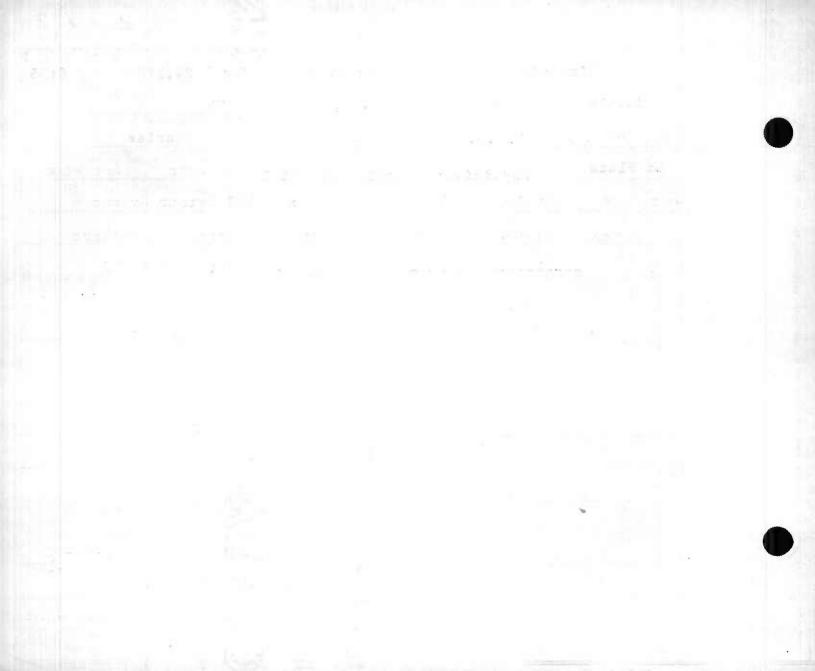
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ?

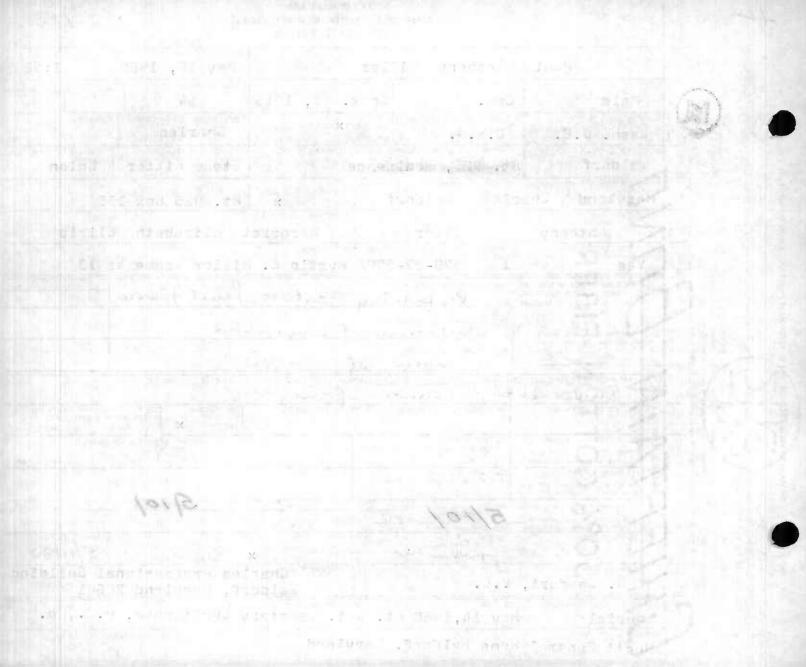
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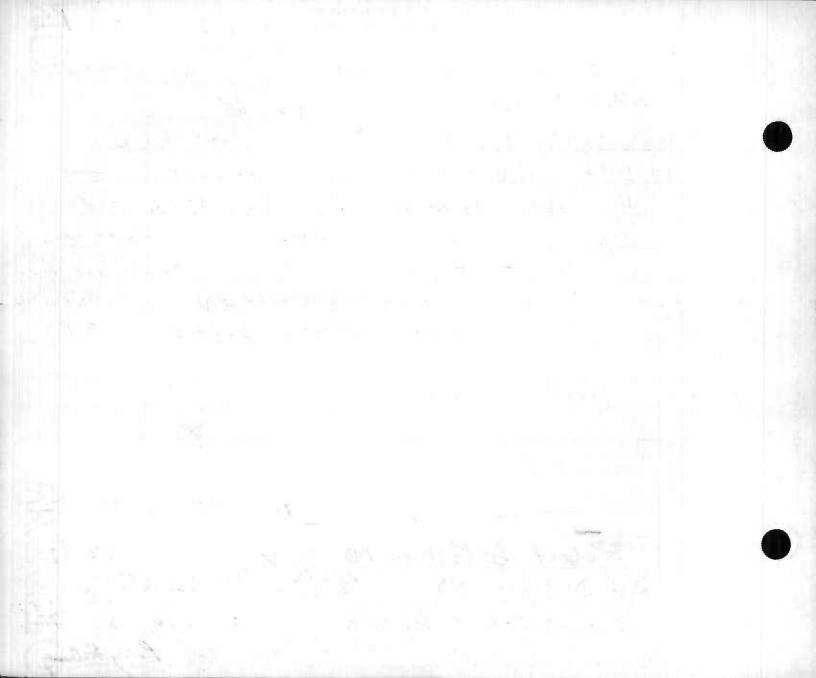
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Paul Anthony Miller May 10, 1980 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Sept. 11, 1915 Male Cau. O. BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Charles Wash. U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 5. Residence Steam Fitter INDUSTRY Waldorf Charles Walderf Rt.#925 Box 135 Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elizabeth Anthony Miller Margaret 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (#YES, GIVE WAR OR DATES) 579-07-0792 Myrtle E. Miller same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 301 W. PRESTON ST Canditions, if any, which gave rise to immediate or other cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY3 IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended saw the deceased alive an_ and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22h, SIGNATURE DEGREE 22t. DATE SIGNED <u>-</u> PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Charles Professional Building should be with the N. Bhaduri, M.D. Waldorf, Marvland 20601 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION May 14,1980 Mt. Vet. Cemetery Chertenham, P.G., Md. REGISTRAR 256. ILLUS HERES SIGNATURE DHMH-16 60M 1/73 Funeral Home Waldorf, Maryland (VR A 15 (4))



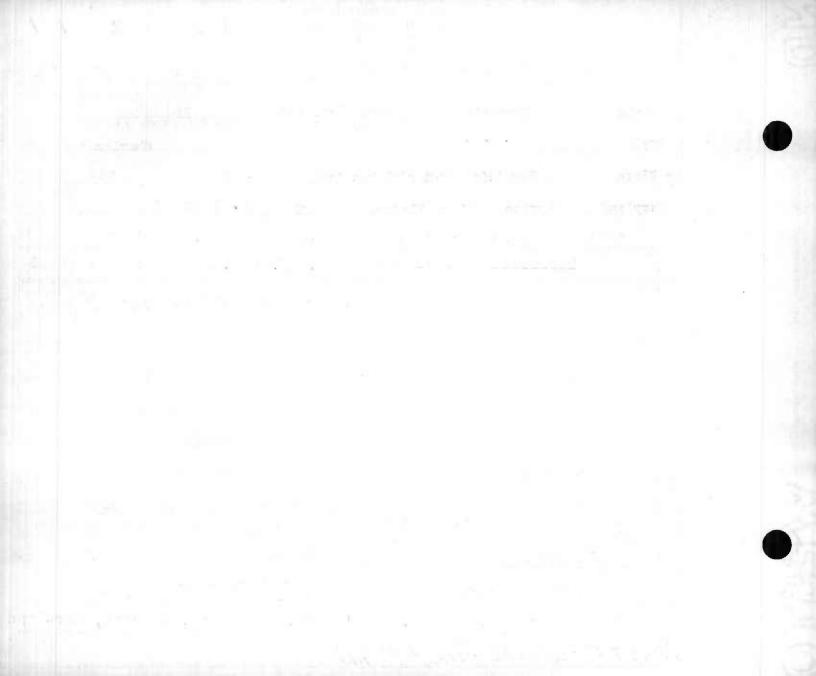


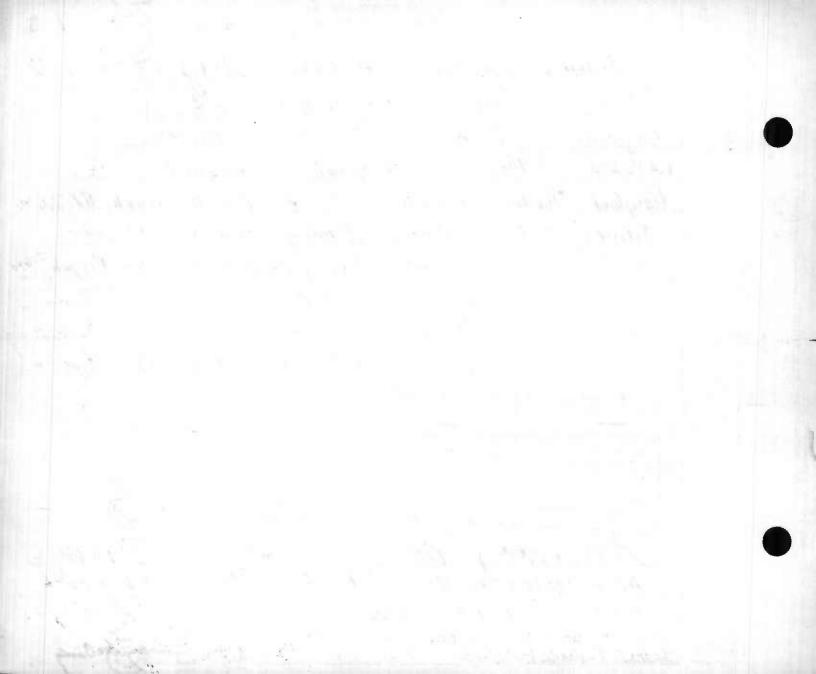
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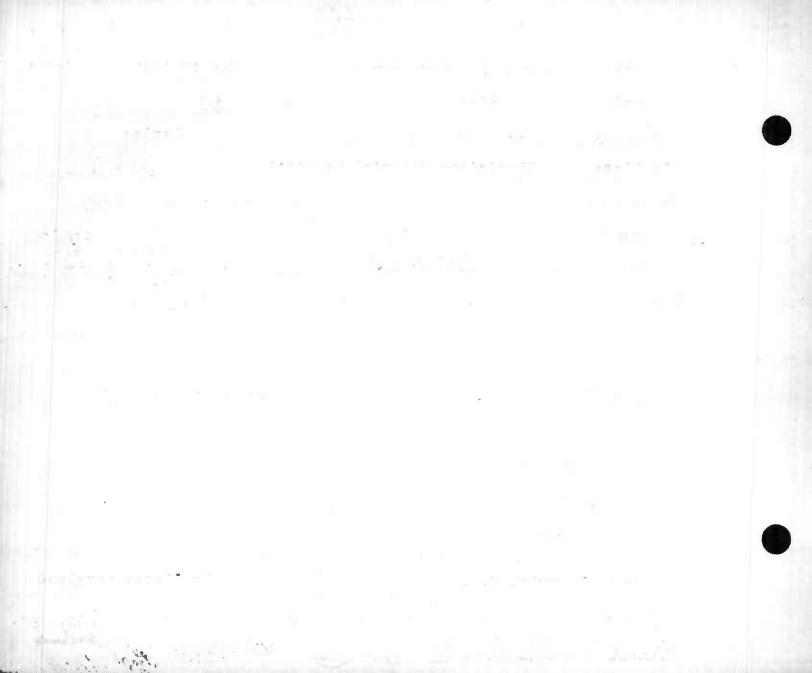
	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.
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mo)	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
5 20	Male	Caucasian	Nove mber 4 1908	71 YRS.
A CHARLES IN	In BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	7. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
THE PROPERTY OF	Maryland		WIDOWED DIVORCED	Charles MD.
1111	10 CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
n by	La Plata	Physicians Metho E or other institution, Give residence before ounty 13c. CITY OR TON	orial Hospital	Farmer Self
24 hou 212 must be		Charles White H		Rt.#1 Box 522
Arthin orthin 2 sho	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	AME
mARY ted with ompletel 1 and 2:	William	Robert Rawli	-	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be fill wol. it, the medical azaminer must be in	16 WAS DECEASED EVER IN U.S.	ARMED FORCES? GNE WAR OR DATES! 212-16		ally G. Rawlings same as 13
res that the death certifical grad by the attending physical buriol, cremation, or removery, or other traumatic event,	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQU	JENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN The low requires the afterding physician. Ifter this certificate has been signed be os the bural-transit permit. Then pleas the ond Mental Hygiene prior to burial, orked or frem 18 shows any injury, or a street or them.	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
ON OF VITAL RI HYSICIAN The Id ding physicion is certificate has buriol-transit per Mental Hygiene, or item 18 shows	00.000.000.000.00	F DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DING PHYSKIAN or attending phys After this certifica e.e. os the burial-tran oith and Mental Hy marked or frem 18	OK CONTRIBUTING CAUSE OF LIFE EITHER, NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDIN hospital or RECTOR: Af red for use a spt. of Health		ospital) ottended the deceosed from, e an		to
hos ched Ched Dept.	22b. SIGNATURE	olusan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 5-6 70
TO HOSPITAL TOFUNERAL IS should be detored with the Store IMPORTANT: H	22d PHYSICIAN'S NAM	1, JOHN SUX		PLATA, MD
BP	230 BURIAL, CREMATION, REMO (SPECIFY) BUTIAL		t. Paul's Cem.	Waldorf, Charles, Maryland
DHMH-16 20M (VRA 15, 4) 7/78	24 FUNERAL DIRECTOR	NERAL HOME	Walderfy 250 DA	ALAFE DE BY BE OF BEAR 256. REGIST WAR'S & IGNATURE





FOR

(VRA 15, 4) 7/7B



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1			REGISTRAR		MI	DICAL EXAM	NER'S		OF DEATH	REG. NO.	Euros P		
/			CEASED NAME			WIDDIE		LAST	20. DATE		AONTH DAY	YEAR	2b. HOUR
	2925.E	-		HERB		rence		EAVER	DEATH	MATED MA	45 17	19 80	м
	301年五日	3. SEX	100 Miles	4 RACE	5. DATE OF BIRTH		YEARS IF UN	DER TYR. IF UNDE	R 24 HRS. 2c. DATE	NCED .	ONTH DAY	YEAR	11:03
	Page Selfu		ale	white			YRS.	THE THOUSE	DEAD	MAY		1,80	PM
	STATE OF	7a. BI	RTHPLACE (ST	hingto	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED NEVER MAR	RIEDXLX I	ORE CITY OR C		DEATH	
	AST IN			_		S.A.	WIDOW			arles Co	-		MD.
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	HO WAS					BET-ALTON I		n Ka.	Auto Sa	ilesman	M&M	1 Au	-0-
21201	AND STATE OF	Ma.s	rylanc		rles	Waldorf	J	YES NO	Route 4	ss Box 6	3		
BALTIMORE, MD. 2	DEATH PAND SES 1.2		SSIC	01	wen	Weaver	, Jr.	15. MOTHER'S MAID Mary	DEN NAME	vooit ue	F	iero	ce
AOR	PAGES FORM P FORM P FORM P	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT		ADDRESS 1			er Ln.
ALTA	B. GIVE PAGES WITH FORM I T. PAGES I AN DIVISION OF		ES, NO, OR UNKNO	(11 123, 3172	TAN OR VALLO,	220-33-	9375	Jessie V	VeaverIV	Alex	andri	.a, 1	la.
	JB. OURS		18 CAUSE OF	DEATH (Enter on ATH WAS CAUSE		e far (o), (b), and (c).)	E IS					APPROXIMATE WEEN ONSE	INTERVAL I AND DEATH
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ā	JER: THIS CER CATE, WRITING FORWARDED OR: PAGE 3 S HE STATE DEP DE 21201 PRIO	1	WHILE AT WORK	AT WORK	x ro	oad	вет.		town Rd.		Charle	S	Md.
	SORVE STE	10	22a. I certif	y that I took charg	e of the remains de	escribed above, held on	Autop	sy 🛣 , Inspection	on , Inquiry	, ond in	my opinion		
	AN TIN		death results	I from: Notur	alcouses ,	Accident X	Suicide	, Homicide .	Undetermined mo	onner,			
	IL EXAMPLE CERT DINE		ACTUAL	M.	26	X		TITLE (SPECIFY)				0 0	
	HOLLING HE WALL		SIGNATURE.	MAN	1	N.	M	Assistar	T MEDICAL EXAM	AINER S	DATE SIGNED 5-	18-8	0
	NA SA		EXAMINER'S	NAME Ann	M. Dixo	n, M.D.	1	111	PennSt.				
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BATTMORE, M.	22. 01	(TYPE OR PRIN					ADDRESS	1001.00				
		1 (5	SPECIFY)	ION,REMOVAL 2		23t. NAME OF C			Suitlan	d Prin	COUNTY GE	51	Md.
	BP		urial UNERAL DIREC	OR []	viay 21,	1980 Ceda	r H1	25a, DATE					110.
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	A:	rehart	Funera	al Home	s 211 St. La Plat	Mary a, Mc	I'S AVELLA	Y 2 3 1980	Rope	- Soul	-	

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FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A CERTIFICATE OF DEATH LAST 20 DATE OF DEATH MONTH 2b. HOUR Louis Weber May 10, 1980 9:45 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 HRS A MONTH 22, 04 1937 42 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Charles WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mysicians Memorial Hospital 113d, INSIDE CITY LIMITS? Rt.#1 Box Hunhesville YES I 430 B NO X 15 MOTHER'S MAIDEN NAME Marion Unaviable Weber 17 INFORMANT 577-50-0096 Patricia A. Weber same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Infanction MYOCARdiel DUE TO OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 5-10 1979 and that in (my) (exe) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

William K. Furst. M.D.

Huntt Funeral Home Waldorf, Maryland

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL

DIRECTOR PHYSICIAN

5-12-80

Indian Head Hiohway Oxon Hill, Maryland

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Trinity Mem. Gardens Waldorf, Charles, Md. May 13,1980 250. DATE REC'D. BY REGISTRAR 256. REGISTBAR'S SIGNAL Bready

DHMH - 16 60M 7/73 (VRA 15 (4))

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	1.	FOR - STATE REGISTRAR			DEPARŢA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE U	1 2	9 8	2
		CEASED NAME	FIRST		WIGOTE	L	AST	20. DATE OF DEATH	MONTH DA	YEAR 2	h HOUR
				rd J.	Stupi			MINISTER AND SERVICE		29, 198	
	3. SE	X	4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT			F UNDER 24 HRS
		Male		White		8	10 1929	50	YRS.		
oce.		IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
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fied,	10. C	ITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSIN		R OTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND OF E	SUSINESS OR
a-25		erry Point			lical Cent			Teacher		School	
st be	USU.	AL RESIDENCE (IF NURS	13b COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS			
<u>\$37</u>		ryland	Harfor	d	Havre de	Grace	YES NO IS	40 Telstar	Way		
xomine C		ATHER'S NAME FIRST	MID	DLE	Stupi		15. MOTHER'S MAIDEN NA/ FIRST Veronica	WE	Val	Ller	
00	16a V	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT F	ADDRE		land 210	178
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em 18 sho		21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.	AUSE OF DEATH	1	DE INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE				
rked or II	MEDICAL	WHILE NOT WE AT WORK	HILE 🗍	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC:)	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
frem 21 is ma		270.1 certify that X (this hospital) attended the deceased from October 15 19 79 to May 29 19 80 11 XXXXXXXXXXXX and that in (my) (our) opinion death accurred on the date and hour and from the causes stated on the Signature Degree 1226. DATE SIGNATURE									
MPORTANT: #		226. PHYSICIAN'S N	AME (TYPE OR PR	RINT)	en		ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STA		5-29	-80
POR		JONATH	AN LEV	I, M.D	•		VAMC, Perry	Point, Mary	land		120,270
_	(BURIAL, CREMATION, (SPECIFY) Burial	100	236. DATE 2 June			emetery or crematory n Cemetery	23d LOCATION CITY OR TOWN Havre de (Grace I	Harford	Md.
7		Tarrings F	uneral	Home,	Aberdeen	, Mar	21001 25UN	REC'D. BY REGISTRAR	25h, REGISTR	AR'S SIGNATUR	E integ

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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